

INVENTORY OF ARMY PERSONNEL TEST MATERIAL				
For use of this form, see AR 611-5; the proponent agency is DCS, G-1.				
DA PAM OR FORM LOCATION	TITLE OF TEST COMPONENT	SERIAL LOCATIONS	LOCATION	NOTES
PRINTED NAME OF TEST CONTROL OFFICER		PRINTED NAME OF WITNESS	TCO ACCOUNT ID	DATE OF INVENTORY (YYYYMMDD)
SIGNATURE OF TEST CONTROL OFFICER		SIGNATURE OF WITNESS	SUBSITE (IF ANY)	PAGE _____ OF _____ PAGES

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